



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R9/11-99)

Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

(CFA-4)

Summary Sheet

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes ☒ No

FILE NUMBER

Committee to Reelect
SONIA LEERKAMP

TOTAL PAGES IN ENTIRE CFA-4 REPORT

3

COMMITTEE INFORMATION

1. Full name of committee (as on Statement of Organization) ☐ Check if this is a new name
COMMITTEE TO RELECT SONIA LEERKAMP PROSECUTOR
2. Acronym or abbreviated name, if any
3. Committee telephone number
(317) 844-1377 OR 844-0649
4. Mailing address (address where all campaign finance correspondence is received) ☐ Check if this is a new address
2000 E. 116TH ST.
5. City, state, ZIP code
CARMEL, IN 46032
6. Party affiliation (if applicable)
REPUBLICAN

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full name of candidate (include any nickname)
SONIA J. LEERKAMP
8. Party affiliation or if independent
REPUBLICAN
9. Office sought (include district number, if any. Not required for exploratory committee.)
HAMILTON COUNTY PROSECUTOR
10. County of residence
HAMILTON COUNTY

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

11. Check one:
☐ Pre-Primary ☐ Pre-Election ☒ Annual ☐ Final / Disbands Committee (lines 18, 19, and 20 must be "0")
☐ Outgoing Treasurer (within 10 days amend Statement of Organization)

- Check one:
☐ Pre-Convention
☐ Post-Convention

12. Reporting period:
From: **JANUARY 1, 2001** Through: **DECEMBER 31, 2001**

COLUMN A
This Period

COLUMN B
Year to Date

13. Cash on hand and investments at the beginning of this reporting period.

\$ 676.93

14. Cash on hand and investments January 1, current year. 2001

\$ 676.93

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

- 15a. Itemized (use Schedule A)
- 15b. Unitemized
- 15c. Add lines 15a, and 15b in both columns
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B
- SUBTOTAL
- TOTAL

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

- 17a. Itemized (use Schedule B) (Public Question: use Schedule C)
- 17b. Unitemized
- 17c. Add lines 17a and 17b in both columns
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) TOTAL
19. Debts OWED BY the committee (use Schedule D)
20. Debts OWED TO the committee (use Schedule E)

CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature on File

FOR OFFICE USE ONLY

2002 JAN 14 PM 4:06

FILED

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)



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(CFA-4 SCHEDULE B) Itemized Expenditures

FILE NUMBER

Committee to Reelect
SONIA LEEKAMP

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INSTRUCTIONS: Please type or print legibly in **BLACK INK** all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on **ITEM 17a of the Summary Sheet**. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100 per recipient, within a calendar year MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, **regardless of amount** paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) **MUST** be itemized on this schedule.

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
	OFFICE SOUGHT (if applicable)				
Code <u>Q</u> U.S. Postmaster	Noblesville Post Office Postage	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	\$140.00	\$40.00	11/9/01
Code <u>Q</u> U.S. Postmaster	Noblesville Post Office Postage	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	\$102.00	\$102.00	11/27/01
Code <u>A</u> PIP	Printing	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	\$18.38	\$18.38	11/27/01
Code <u>A</u> CAVE + Co. Inc.	Printing	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	\$229.06	\$229.06	11/28/01
Code <u>Q</u> METROBANK Noblesville IN 46060	Checking acct fee	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	\$0.75	\$0.75	11/30/01
Code _____ METROBANK Noblesville IN 46060	Checking acct. fee	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	0.75	\$0.75	12/31/01
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
SUB TOTAL THIS PAGE OF SCHEDULE B			\$390.94		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$390.94		

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(CFA-4 SCHEDULE D)

Debts Owed by This Committee

FILE NUMBER

Committee to Reject

SONIA LECRKAMP

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INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, **OWED BY** the committee during the reporting period. Include all amounts owed for or to lending institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the **ENDORSEMENTS** column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

[illegible]